

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>map</i>	<i>12</i>	<i>11/5/94</i>
O.I.P.E. CLASSIFIER			<i>11/10</i>
FORMALITY REVIEW	<i>Dm</i>	<i>72223</i>	<i>12-2-97</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

*8/24/94*

Claim	Final	Original	Date
1	✓	✓	8/24/94
2	✓	✓	8/24/94
3	✓	✓	8/24/94
4	✓	✓	8/24/94
5	✓	✓	8/24/94
6	✓	✓	8/24/94
7	✓	✓	8/24/94
8	✓	✓	8/24/94
9	✓	✓	8/24/94
10	✓	✓	8/24/94
11	✓	✓	8/24/94
12	✓	✓	8/24/94
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Best Available Copy

If more than 150 claims or 10 actions  
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